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ABSTRACT

This report describes outcomes of a survey that investigated the external environment of juvenile courts and whether this environment relates to the treatment of young offenders or custody decisions. In 1997, a statewide survey was administered to all courts with juvenile jurisdiction in a Mid-Southern state. This research was based on 71 courts from whom a completed survey was obtained from the judge. Together, these courts handled over 33,000 youth during 1997 who were referred to them for either a status or delinquency offense. Three measures of service-related decisions were assessed, based on courts offender population only: (1) courts rate of referral to mental health services; (2) courts rate of referral to substance abuse services; and (3) courts custody rate. Results found on average that courts referred about 3 percent of offenders to mental health services and about 4 percent to substance abuse services. Their rate of custody was about 8 percent. Regarding interagency relations, courts had nearly weekly, but less than daily contact overall with other child-serving agencies in their communities. Mental health referral rates were higher for courts located in urban areas having more service resources and for courts that maintained more frequent contact with other child-serving agencies. (CR)

The Impact of External Environment on Service-Related Decisions of Juvenile Courts

Carolyn S. Breda

Background

Theory suggests that an organization's decisions are a function of conditions in its external (as well as its internal) environment (Aldrich, 1979; Hall, 1987; Zald, 1970). For juvenile courts, key decisions are whether to refer young offenders to therapeutic services or to place them in custody. This research assesses the external environment of juvenile courts and whether this environment relates to their treatment or custody decisions.

Method

In 1997, a statewide survey was administered to all courts with juvenile jurisdiction in a Mid-Southern state. All but two of the 98 courts responded with a completed interview provided by either the judge or a youth service officer. This research was based on 71 of the courts from whom a completed survey was obtained from the judge. Together, these courts handled over 33,000 youth during 1997 who were referred to them for either a status or delinquency offense.

Measures

Court Decisions

Three measures of service-related decisions were assessed, based on courts' offender population only: (1) courts' rate of referral to mental health (MH) services; (2) courts' rate of referral to substance abuse (A&D) services; and (3) courts' custody rate.

External Environment

Relationships with Other Agencies. *Frequency of contact* was the mean rating of courts' contact with five child-serving agencies in their community—corrections, education, social services, health, and mental health—on a 4-point scale, ranging from less than monthly to daily. Mean *quality of relationships* was ranked on a 5-point scale, from very poor to excellent, and included ratings of relationships with the child-serving agencies, as well as with providers of nonresidential services, providers of residential services, and the assessment care and coordination team (ACCT) in the community.

Service Resources. Two measures assessed the *availability of service-related resources* in the court's community. First, records from the American Hospital Association's Guide to the Health Care Field, the state's Client Operations Resource System, and provider lists from the state's two behavioral health organizations provided an objective count of mental health-related services available in each community. Second, judges rated the adequacy (which reflects "availability" and "accessibility") of services in their community on a 4-point scale (inadequate to adequate) and the quality of services on a 5-point scale (very poor to excellent) for 19 mental health-related services.

Community Social Capital. For each court's county, census data (1990) were used to assess the following community demographics: (1) SES (e.g., percentage college-educated, median household income); (2) the percentage of the population that lives in an urban area; and (3) its ethnic composition (i.e., percentage Caucasian).

Community Mental Health Orientation (CMHO). CMHO was the mean of judges' ratings (on a 4-point scale) of how strongly they thought their community might disagree or

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agree with the following statements: 1) juvenile offenders can be rehabilitated, 2) the mental health status of offenders should factor into case dispositions, and 3) mental health interventions are an appropriate court response to juvenile offenders.

Results

Table 1 presents descriptive findings. On average, courts referred about 3% of offenders to mental health services and about 4% to A&D services. Their rate of custody was about 8%. Mental health and A&D referral rates were considerably lower than what might be expected given estimates of need among offender populations (Otto, Greenstein, Johnson, & Friedman, 1992). Regarding *interagency relations*, courts had nearly "weekly, but less than daily" contact overall with other child-serving agencies in their community ($Mn = 2.8$). They had the most frequent contact with the education and social service sectors, intermediate contact with corrections, and the least contact with the health and mental health sectors. Over a quarter (26%) of the courts reported less than monthly contact with mental health agencies. The quality of courts' relationships with other agencies overall was nearly "good" ($Mn = 3.7$). Their most positive relationships were with education ($Mn = 4.2$). Courts' most negative relationships were with mental health ($Mn = 3.5$), and particularly with providers of residential and nonresidential services, which were rated somewhat better than "fair" ($Mn = 3.4$).

Among the 27 *service resources* documented in the multiple services data sources, courts had an average of about seven in their community. Most (85%) courts had a psychiatric hospital or a general hospital with psychiatric beds in their community. Far fewer (16%) had a hospital with specialized psychiatric facilities for children, and few (20-30%) had hospital-based psychiatric services (e.g., as consultation, education, or emergency care). Only a quarter of courts had day treatment/partial hospitalization services available locally. Consistent with the movement toward community care, most (85%) courts had a community mental health center and outpatient A&D services available; less than half (45%) had inpatient/residential A&D facilities. A state-supported group home was available in about half (47%) of the courts' communities.

Overall, judges perceived service adequacy to be "somewhat inadequate" ($Mn = 2.1$). Education-based services, including truancy programs and alternative schools, were more adequate than others,

although less than 30% of judges rated even these programs as "adequate." Judges' ratings of service adequacy and the record-based measure correlated modestly ($r = .26$; $p = .03$), suggesting that, while judges' ratings provided somewhat different information on service adequacy than the record reviews, judges could be modestly reliable informants about the adequacy of services in their community. Judges also perceived service quality to be below average ($Mn = 2.8$). School-based truancy programs and alternative schools were better than others, though they still were rated only slightly better than average.

Table 1
Descriptive Results

	<i>Mean</i>	<i>Range</i>	<i>SD</i>
MH Referral Rate	2.7%	0-15%	3.6%
A&D Referral Rate	3.8%	0-26%	5.1%
Custody Rate	8.4%	0-24%	5.6%
<i>Interagency Relations</i>			
Frequency of contact	2.8	1.0-4.0	.7
Quality of contact	3.7	1.9-5.0	.7
<i>Service Resources</i>			
Availability (record reviews)	7.4	0-23	5.3
Adequacy (judges' ratings)	2.1	1.0-3.9	.6
Quality (judges' ratings)	2.8	1.1-4.7	.8
<i>Social Capital</i>			
% College-educated	10.0%	4-34%	5.5%
Median HH income	\$21,910	\$13,924-43,615	\$4,714
% Caucasian	91.0%	50-99%	11.5%
% Urbanized	29.6%	0-99%	25%
Community MHO	2.6	1-3.7	.6

Measures of *communities' social capital* indicated that, overall, about 10% of residents had a college degree, with an average annual household income (1990) of about \$22,000. About 90% of residents were Caucasian; and 30% of all residents lived in an urban area. On average, communities were between "somewhat disagreeing" and "somewhat agreeing" with a *mental health orientation* toward juvenile offenders ($Mn = 2.6$).

Table 2 shows zero-order correlations between measures of courts' external environment and the three court outcomes. More frequent contact between the court and other child-serving agencies seemed to promote use of mental health interventions ($r = .29$), though not of A&D services or custody. Quality of interagency relationships was unrelated to all three of the court decisions. There was some tendency, based on the objective measure of service availability, for courts in more service-rich counties to have higher mental health service referral rates ($r = .18$; $p = .13$) than those in more service-poor communities. However, service availability was unrelated to courts' use of A&D services and custody. Yet, judges' *subjective* ratings of services indicated significantly higher rates of custody when they perceived services in their community to be inadequate ($r = -.21$) or of poor quality ($r = -.27$). However, judges' perceptions of services had little to do with their use of mental health or A&D services.

The rate of mental health referrals (though not of A&D or custody) tended to be higher among courts in more urban areas ($r = .21$). Other findings (not tabulated) also suggested that urban areas had more service resources ($r = .81$) and greater social capital (e.g., percentage college-educated; $r = .75$) than less urban communities. Higher SES communities (which is correlated with urbanization) also had greater service resources ($r = .71$); however, the correlation between SES and service resources fell ($r = .25$) when level of urbanization was statistically controlled. And, as shown in Table 2, community SES was unrelated to courts' service decisions. Finally, a stronger mental health orientation within the community served by the court tended to be associated with lower rates of custody and lower rates of mental health referrals. However, neither of these correlations met typical criteria for statistical significance.

Table 2
Bivariate Correlations Between Juvenile Courts' External Environment and Their Mental Health, A&D, and Custody Rates

	<i>MH</i>	<i>A&D</i>	<i>Custody</i>
<i>Interagency Relations</i>			
Frequency of contact	.29 ^a	-.02	.14
Quality of relations	-.19	-.12	-.07
<i>Service Resources</i>			
Availability (record reviews)	.18	.06	.00
Adequacy (judges' ratings)	-.05	.01	-.21 ^b
Quality (judges' ratings)	-.07	-.04	-.27 ^a
<i>Social Capital</i>			
% College-educated	.11	-.01	-.03
Median HH income	.08	-.03	.07
% Caucasian	-.22 ^b	.14	-.16
% Urbanized	.21 ^b	.05	.08
<i>Community MHO</i>	-.18	-.04	-.17

Notes: ^a $p < .05$, ^b $p < .10$

Summary and Discussion

This research provides some support for the premise that service-related decisions by juvenile courts are conditioned by their external environment. Mental health referral rates were higher for courts located in urban areas having more service resources, and for courts that maintain more frequent contact with other child-serving agencies. This suggests that the problem of facilitating services for juvenile offenders is particularly acute in more rural communities, where courts have fewer service resources to draw upon and residents have less social capital (e.g., lower SES) with which to advocate for them. Other researchers (e.g., Rogers, Powell, & Strock, 1998) have suggested that the needs of many juvenile offenders, and of offenders of color in particular, may not receive

adequate attention because many live in lower SES communities where few mental health services are available. The present findings also suggest that youth who live in lower SES communities have access to fewer services. However, offenders who live in urban communities, who are disproportionately of color, have more services potentially available to them and more mental health referrals through the courts, than youth who live in less urban areas. Thus, the impact of community SES on offenders' service access may be better understood in conjunction with level of urbanization. On the other hand, A&D referral rates were unrelated to every measure of community context considered. Other research (Breda, 2000) indicates that the decision to refer juvenile offenders to A&D services is strongly affected by whether their offense involved alcohol or drugs. The present research suggests that a court's community context adds little more to this equation. Further, decisions to place offenders in custody are significantly more likely when judges perceive services to be inferior, both in terms of availability and quality. In contrast, the more objective measure of service availability is unrelated to custody rates. This finding underscores the importance of perceptions for understanding custody decisions. Providing more, or better, mental health services may be insufficient to reduce custody rates without steps to concomitantly upgrade key decision makers' perceptions of these services. Overall, findings suggest that an organizational approach that considers community-level variables can contribute to our understanding of service delivery for juvenile offenders.

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